



YESHIVA UNIVERSITY  
Effective Date: 01-01-2024  
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**PLAN DESIGN & BENEFITS**  
**ADMINISTERED BY AETNA LIFE INSURANCE COMPANY - SELF FUNDED**



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<b>Routine digital rectal exam</b>	Covered 100%; no deductible
Recommended: For members age 40 and over	
<b>Prostate-specific antigen test</b>	Covered 100%; no deductible
Recommended: For members age 40 and over	
<b>Colorectal cancer screening</b>	Covered 100%; no deductible
Recommended: For members age 45 and over	
<b>Routine eye exams</b>	\$20 copay; no deductible
1 routine exam per 24 months.	
<b>Routine hearing screening</b>	Covered 100%; no deductible
<b>PHYSICIAN SERVICES</b>	<b>IN-NETWORK</b>
<b>Office visits to primary care physician (PCP)</b>	\$25 office visit copay; no deductible
Includes services of an internist, general physician, family practitioner or pediatrician.	
<b>Telehealth consultation with non-specialist</b>	\$25 office visit copay; no deductible
<b>Specialist office visits</b>	\$50 office visit copay; no deductible
<b>Telehealth consultation with specialist</b>	\$50 office visit copay; no deductible
<b>Hearing exams</b>	Not Covered
<b>Walk-in clinics</b>	\$25 copay; no deductible
	<b>Designated Walk-in clinics</b>
	Covered 100%; no deductible
Walk-in clinics are free-standing health care facilities. Sometimes they may be within a pharmacy, drug store, supermarket, or other retail store. They offer some limited medical care and services.	
Not walk-in clinics: Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices.	
<b>Telehealth consultations for non-emergency services through a walk-in clinic</b>	Your cost sharing amount depends on the type of service and where you receive it.
	<b>Designated Walk-in clinics</b>
	Covered 100%; no deductible
We pay telehealth screenings and counseling services from a walk-in-clinic as a preventive care benefit.	
<b>Allergy testing</b>	Your cost sharing amount depends on the type of service and where you receive it.
<b>Allergy injections</b>	Your cost sharing amount depends on the type of service and where you receive it.
<b>DIAGNOSTIC PROCEDURES</b>	<b>IN-NETWORK</b>
<b>Diagnostic X-ray (Other than complex imaging services)</b>	20%; no deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
<b>Diagnostic laboratory</b>	20%; no deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
<b>Diagnostic complex imaging</b>	20%; after deductible
When your physician performs and bills for this service at their office, you pay your office visit cost share amount.	
<b>EMERGENCY MEDICAL CARE</b>	<b>IN-NETWORK</b>
<b>Urgent care provider</b>	\$50 office visit copay; no deductible
<b>Non-urgent use of urgent care provider</b>	Not Covered
<b>Emergency room</b>	\$250 copay; no deductible
Copay waived if admitted	



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<b>Non-emergency care in an emergency room</b>	Not Covered
<b>Emergency use of ambulance</b>	\$250 copay; no deductible
<b>Non-emergency use of ambulance</b>	Not Covered
<b>HOSPITAL CARE</b>	<b>IN-NETWORK</b>
<b>Inpatient coverage</b>	20%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
<b>Inpatient maternity coverage</b> (includes delivery and postpartum care)	20%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
<b>Outpatient hospital</b>	20%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
<b>Outpatient surgery - hospital</b>	20%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
<b>Outpatient surgery - freestanding facility</b>	20%; after deductible
When you receive outpatient care at a hospital but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
<b>MENTAL HEALTH SERVICES</b>	<b>IN-NETWORK</b>
<b>Inpatient</b>	20%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
<b>Mental health office visits</b>	\$25 copay; no deductible
<b>Mental health telehealth consultations</b>	\$25 office visit copay; no deductible
<b>Other mental health services</b>	20%; after deductible
When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all covered benefits during your visit.	
<b>SUBSTANCE ABUSE</b>	<b>IN-NETWORK</b>
<b>Inpatient</b>	20%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
<b>Residential treatment facility</b>	20%; after deductible
When you're admitted into a facility for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
<b>Substance abuse office visits</b>	\$25 copay; no deductible
<b>Substance abuse telehealth consultations</b>	\$25 office visit copay; no deductible
<b>Other substance abuse services</b>	20%; after deductible
When you receive outpatient care at a facility but don't stay overnight, your cost sharing amount counts toward all	





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<b>Bariatric surgery</b>	20%; after deductible
When you're admitted into a hospital for the care you need, your cost sharing amount counts toward all covered benefits you receive.	
<b>Acupuncture</b>	\$25 copay; no deductible
<b>FAMILY PLANNING</b>	<b>IN-NETWORK</b>
<b>Infertility treatment</b>	Your cost sharing amount depends on the type of service and where you receive it.
You have coverage for the diagnosis and treatment of the underlying cause of infertility.	
<b>Comprehensive infertility services</b>	20%; after deductible
Artificial insemination and ovulation induction	
<b>Advanced Reproductive Technology (ART)</b>	Not Covered
In-vitro fertilization (IVF), zygote intrafallopian transfer (ZIFT), gamete intrafallopian transfer (GIFT), cryopreserved embryo transfers, intracytoplasmic sperm injection (ICSI), or ovum microsurgery	
<b>Vasectomy</b>	Your cost sharing amount depends on the type of service and where you receive it.
<b>Tubal ligation</b>	Covered 100%; no deductible
<b>PHARMACY</b>	<b>IN-NETWORK</b>
<b>Pharmacy plan type</b>	Aetna Standard Open Formulary
<b>Prescription drug out-of-pocket limit</b>	





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The following is a list of services and supplies that are *generally* not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.

- All medical and hospital services not specifically covered in, or which are limited or excluded by your plan documents.
- Cosmetic surgery, including breast reduction.
- Custodial care.
- Dental care and dental X-rays.
- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial.
- Hearing aids
- Home births
- Immunizations for travel or work, except where medically necessary or indicated.
- Implantable drugs and certain injectable drugs including injectable infertility drugs.
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents.
- Long-term rehabilitation therapy.
- Non-medically necessary services or supplies.